

Socket Graft Plus™

Combination of Socket Graft™ with OsseoConduct™ bTCP granules size: 500-1000 µm

***Keep in Freezer until ready to use - DO NOT ALLOW TO THAW**

Indications and Contraindications

DIRECTIONS

Socket Graft Plus™ must be kept in the freezer and used immediately when ready to graft a socket. Do not allow the graft material to thaw. The first petal is placed frozen and will thaw when placing and packing into the socket. As the sequential petals are placed, they will begin to thaw but maintain its malleable form until the socket is completely packed. Socket Graft Plus™ can be re-frozen if the package has not been opened.

1. If significant bleeding is present, dry the socket with a sterile gauze wetted with 1:50 lidocaine. This will help control blood flow for ease of application of the bone graft. **Blood does not need to be present, the osteoblasts that live in the bone are being targeted.**
2. Make sure to debride the socket. Any material left in the socket can compromise bone growth.
3. Before cutting the clear package containing the graft material, bend the carrier while it is in the package to loosen the petals and to avoid the petals from falling out.
4. Cut open the package and remove the bone graft carrier. Do not allow the bone graft material to thaw or leave the package open for long periods of time. Use immediately after opening the package not allowing air to dry the bone graft material.
5. Using sterile cotton pliers, remove the first frozen petal and place into the socket. Allow a few seconds after placement then begin applying pressure. The petal will begin to thaw with body temperature and will pack into the socket. The first petal may need a few seconds to thaw in the socket before it will pack. Applying pressure too soon will cause the petal to breakup rather than pack. When approaching the crest with the final petals and to facilitate placement, lay the final petals on their side or cut in half. If the graft material becomes soft with blood, lay gauze over the graft material and pack firmly to absorb the fluid and condense the graft material simultaneously.
6. Cover with a Teflon Membrane. After suturing the membrane, Oral Bond™ can be placed over the membrane and the sutures, creating a hermetic seal preventing oral fluids and bacteria from entering the grafted site. Remove the sutures in 2 weeks and remove the membrane in one month. **To avoid bone graft failure, do not use animal or human membranes.**



Socket Graft™

Socket Graft™ is a dual phase calcium phosphate based synthetic bone graft material. Socket Graft™ is designed to quickly and economically treat the extraction socket to retain alveolar bone, stimulate bone formation and reduce post-operative complications. Socket Graft™ is designed to be quickly and completely resorbed. The insurance code for socket regeneration (preservation) is D7953. Socket Graft must be stored in a frozen environment. **INDICATIONS:** Socket Graft Plus™ is a bone graft material used for all socket grafting situations.

CONTRAINDICATIONS: Socket Graft™ is contraindicated in individuals who are unable to follow post op instructions.

PRECAUTIONS: Socket Graft™ is indicated for all socket grafting situations. In cases where a significant portion of the bony socket wall is missing, ridge augmentation surgery may be required. Do not overfill defects. Do not leave defect open. Do not compromise blood supply to the defect area. Socket Graft™ has not been studied in pediatric patients. Socket Graft™ is not intended for immediate load-bearing.

WARNINGS: Socket Graft™ is single use only. Do not re-sterilize or reuse. Do not use Socket Graft™ if the package has been opened or damaged or has exceeded the expiration date. Do not use if the temperature indicator on the packaging has turned black indicating possible damage to the regenerative potential of Socket Graft™

Caution: Federal law restricts this device to sale by or on the order of a dentist.

It is not recommended to mix other bone graft materials with SteinerBio bone graft materials.

If the gray dot on the product box turns black, the efficacy of the graft material may have been compromised. Please discard and notify us immediately.

OsseoConduct™ Beta Tri Calcium Phosphate

OsseoConduct™ is a synthetic, microporous, biocompatible, third generation beta tricalcium phosphate bone grafting material. OsseoConduct™ is resorbed and replaced by bone in 4-6 months and is intended for use as a general bone graft material. OsseoConduct is available in two sizes: 250-500 microns (Perio size) and 500-1000 microns (Standard size). These granules are designed to maintain shape and volume when used for ridge augmentation or socket grafting and lateral window sinus augmentations. They are not appropriate for immediate support of removable dental appliances.

INDICATIONS: OsseoConduct™ is intended for use as a maxillo-facial bone graft material in bone voids and for appositional bone growth.

CONTRAINDICATIONS: OsseoConduct™ is not indicated where loading of the graft site is planned, such as oral sites that are intended to be loaded immediately with dental prosthesis.

OsseoConduct™ has not been studied in pediatric patients.

WARNINGS: It is not advised to mix OsseoConduct™ Granules with other graft materials other than SteinerBio graft materials. OsseoConduct has not been studied in pediatric patients. OsseoConduct is single use only. Do not re-sterilize or reuse.

Do not use OsseoConduct™ if the package has been opened or damaged or has exceeded the expiration date.

CAUTION: Federal law restricts this device to sale by or on the order of a dentist.

CONTACT INFORMATION:

STEINERBIO®

1051 Olsen St., Bldg. #3611
Henderson, NV 89011
Phone: 866.317.1348
contactus@steinerbio.com

Recommended Use of Systemic Antibiotics to Avoid Graft Failure

To avoid washing out of graft material instruct patient to avoid the grafted area for 2 weeks. Avoid sucking motion such as using straws. Avoid hot and hard foods. No vigorous mouth rinses or spitting. Do not clean teeth next to grafted site. Advise patient that smoking can compromise the regenerative process.